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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/542,037	07/13/2005	Betty Bird	sLighthouse-005	6747
51413	7590	06/25/2008	EXAMINER	
MARC E. HANKIN, ESQ. 11414 THURSTON CIRCLE LOS ANGELES, CA 90049			RAJ, RAJIV J	
		ART UNIT	PAPER NUMBER	
		3626		
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/542,037	BIRD ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	RAJIV J. RAJ	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

1) Responsive to communication(s) filed on 13 July 2005.  
 2a) This action is **FINAL**.                    2b) This action is non-final.  
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

4) Claim(s) 1-24 is/are pending in the application.  
 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.  
 5) Claim(s) \_\_\_\_\_ is/are allowed.  
 6) Claim(s) 1-24 is/are rejected.  
 7) Claim(s) \_\_\_\_\_ is/are objected to.  
 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

9) The specification is objected to by the Examiner.  
 10) The drawing(s) filed on 13 July 2005 is/are: a) accepted or b) objected to by the Examiner.  
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
 a) All    b) Some \* c) None of:  
 1. Certified copies of the priority documents have been received.  
 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)	4) <input type="checkbox"/> Interview Summary (PTO-413)
2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)	Paper No(s)/Mail Date. _____ .
3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)	5) <input type="checkbox"/> Notice of Informal Patent Application
Paper No(s)/Mail Date _____.	6) <input type="checkbox"/> Other: _____ .

## DETAILED ACTION

### Status of Claims

1. This action is in reply to the application filed on 13 July 2005.
2. Claims 1-24 are currently pending and have been examined.

### Priority

3. Applicant's claim for the benefit of a prior-filed application under 35 U.S.C. 119(e) or under 35 U.S.C. 120, 121, or 365(c) is acknowledged.

### Claim Rejections - 35 USC § 112

4. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

5. Claim 15 recites the limitation "*additional factors*". Claim 15 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The Examiner takes the position that "*additional factors*" includes, but is not limited to the measured factors found in the prior art.

### Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

7. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.

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2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

8. Claims 1-12, 21 & 23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff (US 6234964 B1) (hereinafter Iliff) in view of Barry et al. (US 6188988 B1) (hereinafter Barry).

9. **Examiner's Note:** The Examiner has pointed out particular references contained in the prior art of record within the body of this action for the convenience of the Applicant. Although the specified citations are representative of the teachings in the art and are applied to the specific limitations within the individual claim, other passages and figures may apply. Applicant, in preparing the response, should consider fully the entire reference as potentially teaching all or part of the claimed invention, as well as the context of the passage as taught by the prior art or disclosed by the Examiner.

### **Claim 1**

**Iliff as shown, discloses the following limitations:**

- *identifying problems the consumer has by asking a first series of uniform questions related to the consumer's health;* (see at least Iliff Fig:10 & related text)
- *by asking a second series of uniform questions;* (see at least Iliff Claim:6)

Iliff does not disclose the following limitations, however Barry, as shown does:

- *evaluating the major problems of the consumer,* (see at least Barry Fig:1 Items:10, 11 & related text)
- *to determine the recommended interventions for each of the problems identified,* (see at least Barry Fig:1 Items:12, 13 & related text)
- *generating at least one intervention recommendation based upon the consumer's answers to the second series of uniform questions;* (see at least Barry Fig:1 Items:12, 13 & related text)
- *conducting professional assessment(s) to identify recommended treatment for the consumer,* (see at least Barry Column:8 Lines:1-10, Fig:1 Items:10 & related text)
- *determining an assessment score for the problems identified, by asking a third series of uniform questions; and* (see at least Barry Column:14 Table:5 & related text)

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- *recording an incremental record of activity identifying the progress the consumer has made in treating the identified problems* (see at least Barry Column:3 Lines:41-45 “a user interface for monitoring a patient's condition during a particular therapeutic treatment regimen over a period of time according to the present invention”)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff.

One of ordinary skill in the art would have added these features into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

### **Claim 2**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Iliff further discloses the following limitation:

- *the problems are related to vision impairment of the consumer* (see at least Iliff Column:5 Lines:4-10)

While Iliff does not specifically disclose “vision impairment”, one of ordinary skill in the art would understand that scope of Iliff includes the broader field of health care problems, and “vision impairment” is a subset of this broader field of health care problems.

### **Claim 3**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Iliff further discloses the following limitation:

- *the first series of uniform questions determine if the consumer is in a crisis* (see at least Iliff Fig:4A Item:306 & related text)

### **Claim 4**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Iliff further discloses the following limitation:

- *the first series of uniform questions determine if the consumer is in an urgent situation* (see at least Iliff Fig:4A Item:306 & related text)

**Claim 5**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Iliff further discloses the following limitation:

- *the at least one intervention recommendations are selected from the group consisting of psychotherapy, adjustment to vision losses, computer training, employment services, help with living independently, social service, help with improving orientation and mobility and help with low or poor vision vision* (see at least Iliff Fig:1 Items:92-124 & related text)

**Claim 6**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Barry further discloses the following limitation:

- *an answer to a question in the second series of uniform questions triggers the at least one intervention recommendations* (see at least Barry Fig:1 Items:10-13 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Barry into Iliff. One of ordinary skill in the art would have added this feature into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

**Claim 7**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Iliff further discloses the following limitation:

- *the step of scheduling an appointment for the consumer for a provider to assess the problems identified by the second series of uniform questions* (see at least Iliff Claims 16 & 50)

**Claim 8**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Barry further discloses the following limitation:

- *the second series of uniform questions are informational, consumer and provider rated questions* (see at least Barry Fig:2 Items:21-29 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Barry into Iliff. One of ordinary skill in the art would have added this feature into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

### **Claim 9**

The combination of Iliff/Barry disclose all of the limitations of claim 8. Iliff further discloses the following limitation:

- *the assessment score for each of the identified problems are utilized to determine at least one treatment plan for the consumer to address the consumer's problems and improve function* (see at least Barry Column:11 Lines:65-67 Column:12 Lines:1-6 & Table 4)

It would have been obvious to one of ordinary skill in the art to add this feature of Barry into Iliff. One of ordinary skill in the art would have added this feature into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

### **Claim 10**

The combination of Iliff/Barry disclose all of the limitations of claim 9. Iliff further discloses the following limitation:

- *the treatment plan to address the consumer's problems and improve function is a set of goals to achieve in a set time frame* (see at least Iliff Column:23 Lines:10-29)

### **Claim 11**

The combination of Iliff/Barry disclose all of the limitations of claim 10. Iliff further discloses the following limitation:

- *the goals are selected from a group consisting of sighted guide, indoor travel, ability to use emergency exit, orientation skills, stair usage, and local travel* (see at least Iliff Claims 16 & 50)

Iliff does not specifically disclose "sighted guide, indoor travel, ability to use emergency exit, orientation skills, stair usage, and local travel", however Examiner takes Official Notice that these limitations are a subset of basic health related issues addressed in the medical field and therefore

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*"sighted guide, indoor travel, ability to use emergency exit, orientation skills, stair usage, and local travel"* are limitations that are old and well-known in the medical arts. Therefore, it would have been obvious to one of ordinary skill in the art, as the time of the invention, to add these limitations to Iliff because of the need to achieve the goals of patient well-being and reduce costly medical intervention. (see at least Iliff Column:5 Lines:55-60)

### **Claim 12**

The combination of Iliff/Barry disclose all of the limitations of claim 10. Iliff further discloses the following limitation:

- *the step of scheduling an appointment to begin the treatment plan* (see at least Iliff Fig:18 Items:956, 972 & related text)

### **Claim 21**

**Iliff as shown, discloses the following limitations:**

- *identifying a consumer's most serious problem by asking a first series of uniform questions;* (see at least Iliff Fig:10 & related text)
- *initiating a triage process by asking a second series of uniform questions;* (see at least Iliff Claim:6)
- *scheduling appointments for the consumer to assess the severity of the consumer's problems to determine a treatment plan to complete the at least one intervention recommendation;* (see at least Iliff Claims:16 & 50)

Iliff does not disclose the following limitations, however Barry, as shown does:

- *evaluating the major problems of the consumer,* (see at least Barry Fig:1 Items:10, 11 & related text)
- *to determine the recommended interventions for each of the problems identified,* (see at least Barry Fig:1 Items:12, 13 & related text)
- *generating at least one intervention recommendation based upon the consumer's answers to the second series of uniform questions;* (see at least Barry Fig:1 Items:12, 13 & related text)

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- *conducting professional assessment(s) to identify recommended treatment for the consumer,* (see at least Barry Column:8 Lines:1-10, Fig:1 Items:10 & related text)
- *determining an assessment score for the problems identified, by asking a third series of uniform questions; and* (see at least Barry Column:14 Table:5 & related text)
- *generating an incremental record of activity recording the progress the consumer has made during the appointment* (see at least Barry Column:3 Lines:41-45)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff. One of ordinary skill in the art would have added these features into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

### **Claim 23**

The combination of Iliff/Barry disclose all of the limitations of claim 21. Iliff further discloses the following limitation:

- *wherein the consumer is visually impaired* (see at least Iliff Column:5 Lines:4-10)

While Iliff does not specifically disclose "*visually impaired* ", one of ordinary skill in the art would understand that scope of Iliff includes the broader field of health care problems, and "*visually impaired*" is a subset of this broader field of health care problems.

10. Claims 13,14,16 & 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in further view of Ahmed (US 2002/0107824 A1) (hereinafter Ahmed).

### **Claim 13**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Iliff further discloses the following limitation:

- *converted to a one hundred point scale* (see at least Iliff Fig:9 Item:562 & related text)

Iliff does not disclose the following limitations, however Ahmed, as shown does:

- *the assessment score is the average of the sum of a consumer self assessment score, a provider rating score, a standardize test score, a learning strategy score and an additional factors score*

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(see at least Ahmed [0072] “all queries and corresponding diagnosis are summed and averaged by the number of queries answered or activated by any change in state or any positive degree of response other than the default response of the query which is a null state (e.g., a response of “no”, but is not limited to that domain and the default state can be qualified or quantified in an unlimited way). The average values, representing the ranking values of the alternatives, indicate the most likely diagnoses. Typically, the four most likely diagnoses is optionally available to the user. Typically an average accuracy of the system of about %98 is embodied in the four most-likely diagnoses.”)

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff. One of ordinary skill in the art would have added this feature into Iliff with the motivation of providing a more accurate method for monitoring patients’ condition, so as design a more effective treatment plan for said patients. (see at least Ahmed [0066] & [0067])

#### **Claim 14**

The combination of Iliff/Barry/Ahmed disclose all of the limitations of claim 13. Barry further discloses the following limitation:

- *the assessment score determines a level of care associated with each of the interventions* (see at least Barry Fig:5, 6 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Barry into Iliff/Barry/Ahmed. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

#### **Claim 16**

The combination of Iliff/Barry/Ahmed disclose all of the limitations of claim 13. Iliff further discloses the following limitations:

- *a post assessment score is determined to evaluate the progress of the consumer* (see at least Iliff Column:12 Lines:49-67)

- *by comparing the post assessment score with the assessment score (see at least Iliff Claim:6 “automatically comparing the health state changes against disease specific changes for the medical disease”)*

**Claim 20**

The combination of Iliff/Barry/Ahmed disclose all of the limitations of claim 16. Barry further discloses the following limitation:

- *data is collected from multiple consumers to produce a cost/benefit analysis to determine if the treatment of consumer's problems reduce health care costs (see at least Barry Column:6 Table:2, Fig:2 & related text)*

It would have been obvious to one of ordinary skill in the art to add this feature of Barry into Iliff/Barry/Ahmed. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

11. Claim 15 is rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view of Ahmed in view of Marchosky (US 2002/0029157 A1) (hereinafter Marchosky) in view of Martin et al. (US 2002/0004725 A1) (hereinafter Martin) in further view of Kehr et al. (US 2003/0036683 A1) (hereinafter Kehr).

**Claim 15**

The combination of Iliff/Barry/Ahmed disclose all of the limitations of claim 13. Ahmed further discloses the following limitation:

- *wherein the learning strategy score is the sum of a provider determined value in the learning strategy areas of visual, visual/tactual/auditory tactual/auditory, visual/tactual and tactual; (see at least Ahmed [0072])*

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry/Ahmed. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed

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with the motivation of providing a more accurate method for monitoring patients' condition, so as design a more effective treatment plan for said patients. (see at least Ahmed [0066] & [0067])

Ahmed does not disclose the following limitations, however Marchosky, as shown does:

- *the consumer self assessment score is the sum of the consumer's self ratings to each of the questions in the second and third series of uniform questions;* (see at least Marchosky Fig:4B-D Items:420,430,440,450-456 & related text)
- *wherein the additional factors score is determined by influence of additional factors on the treatment of the problem of the consumer* (see at least Marchosky Fig:4B-D Items:420,430,440,450-456 & related text)

It would have been obvious to one of ordinary skill in the art to add these features of Marchosky into Iliff/Barry/Ahmed. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed with the motivation of providing a more efficient and accurate method for diagnosing a patients condition and thus creating a more effective personal care plan for the patient. (see at least Marchosky [0025])

Marchosky does not disclose the following limitations, however Martin, as shown does:

- *wherein the provider rating score is the sum of a provider's rating to a series of provider standardized questions;* (see at least Martin [0068], [0069], Tables 6 A-B)

It would have been obvious to one of ordinary skill in the art to add these features of Martin into Marchosky. One of ordinary skill in the art would have added this feature into Marchosky with the motivation of enabling assessment of patients' current and future health and the effectiveness of patients' healthcare regimens. (see at least Martin [0028])

Martin does not disclose the following limitations, however Kehr, as shown does:

- *wherein the standardize test score is the results of standardized tests;* (see at least Kehr [0120])  
"Among the groups to consider are defined by age, gender, occupation, disease state, medical history event, medication category, specific medication, medication dosage, patient physiological measurement, for example weight, blood pressure, pulse rate, glucose level, any antigen level, pH, pO<sub>2</sub>, temperature, EKG rhythm, pO<sub>2</sub> saturation of the blood, hormone level, or any

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psychological measurement, for example the score based upon standardized or nonstandardized tests measuring anxiety, stress, anger, suicidal tendencies, schizophrenic relapse, rapid cycling bipolar relapse or confusion. The groups may be age, gender, race, national origin, geographic location related in combination with a medical condition. The group may be based upon the same or similar disease state or medical condition, for example congestive heart failure, hypertension, angina, circulatory inadequacy or other disease condition of the cardiopulmonary and circulatory systems.")

It would have been obvious to one of ordinary skill in the art to add these features of Kehr into Martin. One of ordinary skill in the art would have added this feature into Martin with the motivation of providing a more efficient and accurate method for time and event driven medical treatment plans and for assessing triage and medical intervention recommendations. (see at least Kehr [0006])

12. Claim 17 is rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view of in further view of McIlroy et al. (US 5583758) (hereinafter McIlroy).

### **Claim 17**

The combination of Iliff/Barry disclose all of the limitations of claim 1. McIlroy further discloses the following limitation:

- *the incremental record of activity comprises a progress report section, a goal information section and an objective information section; (see at least McIlroy Fig:19-23 & related text)*

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry. One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more efficient and effective method for diagnosing, evaluating, and utilizing patient information for developing real-time plans that effectively address patients' current conditions. (see at least McIlroy Column:2 Lines:43-58)

13. Claims 18, 19, 22, & 24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view of in further view of Aquila et al. (US 2002/0035488 A1) (hereinafter Aquila).

### **Claim 18**

The combination of Iliff/Barry disclose all of the limitations of claim 1. Aquila further discloses the following limitation:

- *the consumer is asked a final series of quality assurance questions relating to determine the consumer's satisfaction with the outcome of the treatment; (see at least Aquila Fig:4 Item:453 & related text)*

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry.

One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

#### **Claim 19**

The combination of Iliff/Barry disclose all of the limitations of claim 18. Aquila further discloses the following limitation:

- *the answers to the final series of quality assurance questions are utilized to assess the quality of treatment plan; (see at least Aquila Fig:4 Item:453 & related text)*

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry.

One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

#### **Claim 22**

The combination of Iliff/Barry disclose all of the limitations of claim 21. Aquila further discloses the following limitation:

- *the step of assessing the quality assurance of the at least one interventions by asking the consumer a series of final uniform questions relating to the progress and satisfaction of the consumer; (see at least Aquila Fig:4 Item:453 & related text)*

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry.

One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of

providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

**Claim 24****Iliff as shown, discloses the following limitations:**

- *registering a consumer by asking a first uniform series of questions;* (see at least Iliff Fig:4A Item:202 & related text)
- *identifying a consumer's most serious problem from the consumer's answers to the first series of uniform questions;* (see at least Iliff Fig:10 & related text)
- *identifying if the consumer is in a crisis from the consumer's answers to the first series of uniform questions;* (see at least Iliff Fig:4A Item:306)
- *identifying if the consumer is in an urgent situation from the consumer's answers to the first series of uniform questions;* (see at least Iliff Fig:4A Item:306)
- *initiating a triage process by asking a second series of uniform questions;* (see at least Iliff Claim:6)
- *scheduling appointments for the consumer to assess the severity of the consumer's problems to determine a treatment plan to complete the at least one intervention recommendation;* (see at least Iliff Claims:16 & 50)

Iliff does not disclose the following limitations, however Barry, as shown does:

- *generating at least one intervention recommendation based upon the consumer's answers to the second series of uniform questions;* (see at least Barry Fig:1 Items:12, 13 & related text)
- *conducting professional assessment(s) to identify recommended treatment for the consumer,* (see at least Barry Column:8 Lines:1-10, Fig:1 Items:10 & related text)
- *determining an assessment score for the problems identified, by asking a third series of questions; and* (see at least Barry Column:14 Table:5 & related text)
- *generating an incremental record of activity recording the progress the consumer has made during the appointment* (see at least Barry Column:3 Lines:41-45)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff. One of ordinary skill in the art would have added these features into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Barry does not disclose the following limitations, however Aquila, as shown does:

- *asking the consumer a final series of quality assurance questions relating to determine the consumer's satisfaction with the outcome of the treatment plan* (see at least Aquila Fig:4 Item:453 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry. One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

### Conclusion

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Rajiv J. Raj** whose telephone number is **571-270-3930**. The Examiner can normally be reached on Monday-Friday, 7:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Luke Gilligan** can be reached at **571.272.6770**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR

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or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://portal.uspto.gov/external/portal/pair> <<http://pair-direct.uspto.gov>>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

Any response to this action should be mailed to:

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Date: 06/10/08  
/Rajiv J Raj/ Patent Examiner Art Unit 3626

/C Luke Gilligan/  
Supervisory Patent Examiner, Art Unit 3626